DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45d 7/04/13

PRINTED: 05/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445238	A. BUILDING 01 - MAIN BUILDING 01 B. WING	05/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF TULLAHOMA	1715 N JACKSON ST TULLAHOMA, TN 37388

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to properly mark exit doors. The finding included: Observation and testing of exit doors on 5/20/13 at 11:41 AM revealed the delayed egress doors in the west wing adjacent to room 224, at exit to Harton Hospital, and exit adjacent to room 374 did not have the proper delayed egress signage. This finding was was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 5/20/13.	K 038	K - 038 A. What corrective action(s) will be accomplished for those residents found to have been affected: On 5/30/13 the Director of Maintenance applied signage properly marking the delayed egress doors in the west wing and the exit to Harton Hospital. B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? On 6/4/13 the Assistant Executive Director completed education with Director of Maintenance and Maintenance Assistant to ensure that exit doors of egress maintain appropriate signage. C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? 1) On 6/3/13 Maintenance Director/Maintenance Assistant completed an audit on doors of egress in facility to ensure proper signage is displayed. Audit to continue monthly for three months. Corrections will be made as needed. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.	5/30/2013 6/4/2013 6/3/2013
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Traci Fields — TITLE: Executive Director — (X6) DATE: 6/14/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to properly mark exit doors. The finding included: Observation and testing of exit doors on 5/20/13 at 11:41 AM revealed the delayed egress doors in the west wing adjacent to room 224, at exit to Harton Hospital, and exit adjacent to room 374 did not have the proper delayed egress signage. This finding was was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 5/20/13.	K 038	Results of monthly door of egress audits will be reported and reviewed by the Performance Improvement Committee which includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Pharmacist, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator in Monthly Performance Improvement meeting and corrections made as needed.	6/27/2013
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K 147	K - 147 A. What corrective action(s) will be accomplished for those residents found to have been affected: 1) Between 6/4/13 and 6/10/13 the Director of Maintenance and Maintenance Assistant will ensure power strips with oxygen concentrators plugged into them are removed from resident rooms 110, 229, 224, 232, 245, and 354..2) Between 6/4/13 and 6/10/13 the Director of Maintenance and Maintenance Assistant will upgrade wall outlets in resident rooms 110, 229, 232, 245, and 354 for additional wall outlets to accommodate for oxygen concentrators and medical equipment.	6/10/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lois Zielis
TITLE: Executive Director
(X6) DATE: 6/13/13

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K 147	Continued From page 1 The finding included: Observation on 5/20/13 at 11:12 AM revealed oxygen concentrators plugged into power strips in the following rooms: 110, 229, 224, 232, 245, and 354. This finding was was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 5/20/13.	K 147	K-147 Continued B. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? 1) On 6/4/13 the Director of Maintenance will complete education with facility associates stating that power strips will not be used in resident rooms for medical equipment to include oxygen concentrators. C. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice will not recur? 1) By 6/15/2013 Director of Maintenance will do a complete inventory of whole facility to ensure no other strip outlets are being used for medical equipment. Corrections will be made as needed to maintain substantial compliance. 2) Maintenance Director/Maintenance Assistant will complete a weekly room-to-room audit for three months to ensure power strips are not being used for oxygen concentrators or medical equipment. Corrections will be made as needed. D. How will the corrective action(s) be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place.	6/4/2013 6/15/2013

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K 147	Continued From page 1 The finding included: Observation on 5/20/13 at 11:12 AM revealed oxygen concentrators plugged into power strips in the following rooms: 110, 229, 224, 232, 245, and 354. This finding was was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 5/20/13.	K 147	Results of weekly electrical power strip audit will be reported and reviewed by the Performance Improvement Committee which includes the Executive Director, Medical Director, Director of Nursing, Director of Marketing, Pharmacist, Director of Admissions, Director of Social Service, Rehab Services Manager, Director of Activities, Director of Environmental Services, Dietary Manager, Director Maintenance, Business Office Manager, Health Information Manager, and Staff Development Coordinator in Monthly Performance Improvement meeting and corrections made as needed.	6/27/2013

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